

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010472

Entity Name: KPHD DONUT KITCHEN, LLC

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

1015 MASON AVE
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1142 SAXON BLVD
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 20-0715052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KINSLEY, BRIAN P
1642 TENNYSON CT
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: THOMPSON, D. MICHAEL
Address: 1684 CHERRY RIDGE DR
City-St-Zip: LAKE MARY, FL 32746

Title: MGR () Delete
Name: KINSLEY, BRIAN P
Address: 1642 TENNYSON CT
City-St-Zip: LAKE MARY, FL 32746

Title: MGR () Delete
Name: KAISANI, PERVEZ
Address: 127 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRIAN P. KINSLEY

MNG

05/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date